

**VENDOR APPLICATION/RENEWAL**  
**ADMINISTRATOR CERTIFICATION PROGRAM****Mail the application and fee to CDSS, ACS 744 "P" Street, M.S. 19-47, Sacramento, CA 95814**(1) Type of Program: *(Check one box only, if applying for more than one program, submit applications separately)*☐ **RCFE**☐ **ARF**☐ **GH**(2) Type of Application: *(Check one box only)**(IF RENEWAL, PROVIDE VENDOR APPROVAL NUMBER)*☐ Initial☐ Renewal(3) Type of Vendor: *(Check one box only)*☐ 35/40 Hour Vendor *(\$150 Processing Fee)*☐ CEU Vendor *(\$100 Processing Fee)*

(4) Name of Vendor

(5) Phone Number

(6) Vendor Mailing Address

(7) Vendor is a/an

☐ Individual☐ University, College or School☐ Provider Association☐ Partnership☐ Licensee/Administrator☐ State Employee☐ Corporation☐ Government Agency☐ Other: \_\_\_\_\_(8) Please print or type name(s) of individual, partners, board members:  
Each person listed in this section must complete (11) through (14).  
Additional space is provided on the back of this form.

(9) Title

(10) Social Security Number\*

(11) Do you currently possess or have you previously held a license, certification or other approval as a professional in a specified field?

If yes, please indicate the type of license or certificate and license number(s):

☐ Yes☐ No

License Number: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

(12) Do you currently hold or have you previously held a community care facility license, or were or are you employed by a licensed community care facility?

If yes, please indicate the facility name and license number(s):

☐ Yes☐ No

License Number: \_\_\_\_\_ Facility Name: \_\_\_\_\_

(13) Have you been the subject of any administrative, legal or other action involving licensure, certification or other approvals as specified in (11) OR (12)?

If yes, please explain and provide dates. If additional space is needed, please attach to this application.

☐ Yes☐ No(14) **I declare under penalty of perjury that the foregoing information is true and correct to the best of my knowledge.**

(15) Printed Name of Applicant/Vendor

(16) Signature of Vendor/Authorized Representative

(17) Title

(18) Date

**DO NOT WRITE BELOW THIS LINE**☐ Application/Renewal has been approved by:

Date

Approval Number# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expires

☐ Application/Renewal has been disapproved by:

Date

\* Federal law (at Title 5 United States Code Section 552a Note) states that: Any federal, state, or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

\* Disclosure of Social Security Number(s) is optional.

\* Add attached language.

Use this additional space for persons listed in section (8)

NAME (PLEASE PRINT)

- (11) Do you currently possess or have previously held a license, certification or other approval as a professional in a specified field? If Yes, please indicate the type of license or certificate and license number(s); ☐ YES ☐ NO

License Number: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

- (12) Do you currently hold or previously have held a community care facility license, or were/are you employed by a licensed community care facility? If Yes, please indicate the facility name and license number(s): ☐ YES ☐ NO

Facility Name: \_\_\_\_\_ License Number: \_\_\_\_\_

- (13) Have you been the subject of any administrative, legal or other action involving licensure, certification or other approvals as specified in (11) or (12)? If Yes, please explain and provide dates. If additional space is needed, please attach to this application. ☐ YES ☐ NO

- (14) I declare under penalty of perjury that the foregoing information is true and correct to the best of my knowledge.

SIGNATURE

DATE

NAME (PLEASE PRINT)

- (11) Do you currently possess or have previously held a license, certification or other approval as a professional in a specified field? If Yes, please indicate the type of license or certificate and license number(s); ☐ YES ☐ NO

- (12) Do you currently hold or previously have held a community care facility license, or were/are you employed by a licensed community care facility? If Yes, please indicate the facility name and license number(s): ☐ YES ☐ NO

- (13) Have you been the subject of any administrative, legal or other action involving licensure, certification or other approvals as specified in (11) or (12)? If Yes, please explain and provide dates. If additional space is needed, please attach to this application. ☐ YES ☐ NO

- (14) I declare under penalty of perjury that the foregoing information is true and correct to the best of my knowledge.

SIGNATURE

DATE

NAME (PLEASE PRINT)

- (11) Do you currently possess or have previously held a license, certification or other approval as a professional in a specified field? If Yes, please indicate the type of license or certificate and license number(s); ☐ YES ☐ NO

License Number: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

- (12) Do you currently hold or previously have held a community care facility license, or were/are you employed by a licensed community care facility? If Yes, please indicate the facility name and license number(s): ☐ YES ☐ NO

Facility Name: \_\_\_\_\_ License Number: \_\_\_\_\_

- (13) Have you been the subject of any administrative, legal or other action involving licensure, certification or other approvals as specified in (11) or (12)? If Yes, please explain and provide dates. If additional space is needed, please attach to this application. ☐ YES ☐ NO

- (14) I declare under penalty of perjury that the foregoing information is true and correct to the best of my knowledge.

SIGNATURE

DATE